

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

04

01

2013

through

M M M / D D D / Y Y Y Y Y Y

04

30

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

06

13

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	353768.63	
(c) Total Receipts (from Line 19)	29522.94	136186.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	383291.57	538274.01
7. Total Disbursements (from Line 31)	45413.45	200395.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	337878.12	337878.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 04 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24302.12

95786.03

(ii) Unitemized

5220.82

36565.10

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29522.94

132351.13

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

29522.94

132351.13

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1335.66

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29522.94

136186.79

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

29522.94

136186.79

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	413.45	1677.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	413.45	1677.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	198000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45413.45	200395.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45413.45	200395.89

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29522.94	132351.13
34. Total Contribution Refunds (from Line 28(d))	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29522.94	131632.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	413.45	1677.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1335.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	413.45	341.90

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amended to correct additional data entry mistakes - incorrect date on one donation to the PAC

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pamela E Ahearn MD

Mailing Address PO BOX 1798
PO Box 604

City State Zip Code
Kingston OK 73439-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integris Family Medicine of Southern O

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2314184

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kathleen Mary Ankers MD

Mailing Address PO Box 295

City State Zip Code
Andover MA 01810-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force - Veterans Health Affairs

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : C2296407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John L Bender MD

Mailing Address 4674 Snow Mesa Dr Ste 140

City State Zip Code
Fort Collins CO 80528-8614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miramont Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317844

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

FEC ID number of contributing federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 10 / 2013

Transaction ID : C2300607

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joseph T Burns MD

Mailing Address 431 Harwood Dr S

City Fargo State ND Zip Code 58103-6132

FEC ID number of contributing federal political committee.

C

Name of Employer

Essentia Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 03 / 2013

Transaction ID : C2296406

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City Lumberton State NJ Zip Code 08048-2939

FEC ID number of contributing federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 23 / 2013

Transaction ID : C2316570

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Adam Carlyle MD

Mailing Address PO BOX 3014

2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine East

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317835

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Yushu Jack Chou MD

Mailing Address 2691 E California Blvd

City

San Marino

State

CA

Zip Code

91108-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2321164

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

c. Steven Michael Connolly MD

Mailing Address 7410 Old Erie View Dr

City

Fayetteville

State

NY

Zip Code

13066-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : C2305536

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City State Zip Code
 Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.62

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : C2297167

Amount of Each Receipt this Period

454.54

Full Name (Last, First, Middle Initial)

B. Robert A. Cushman MD

Mailing Address 99 Woodland St

City State Zip Code
 Hartford CT 06105-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Connecticut Health Centre

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 25 / 2013

Transaction ID : C2317327

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Alice Fairman Daniels

Mailing Address 1135 W 69Th St

City State Zip Code
 Chicago IL 60621-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cook County Bureau of Health Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 08 / 2013

Transaction ID : C2302306

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1069.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M David MD

Mailing Address 804 Huntington Ct

City
Albany

State
NY

Zip Code
12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Peters Health Partners Medical Asso

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

04 / 25 / 2013

Transaction ID : C2317655

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Syeachia Dennis MD

Mailing Address 1334 N Lansing Ave
Apt 301

City
Tulsa

State
OK

Zip Code
74106-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Comprehensive Health Center

Occupation

Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 25 / 2013

Transaction ID : C2317316

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Barbara J Doty MD

Mailing Address 2250 S Woodworth Loop
Ste 100

City
Palmer

State
AK

Zip Code
99645-7457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Matanuska Health care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 29 / 2013

Transaction ID : C2317842

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1281.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2013

Transaction ID : C2296360

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Conrad L Flick MD

Mailing Address 103 Greenway Overlook

City State Zip Code
 Cary NC 27518-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medical Associates of Raleigh

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2013

Transaction ID : C2317847

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Spencer Gainey

Mailing Address 338 Merrivale Ln

City State Zip Code
 Spartanburg SC 29301-5363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartanburg Regional Physician Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2013

Transaction ID : C2320167

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Edward Grady MD

Mailing Address 220 Tillicum Dr

City

Silverton

State

OR

Zip Code

97381-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael Grady

Occupation

family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 29 / 2013

Transaction ID : C2317830

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scotland Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 26 / 2013

Transaction ID : C2317682

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 04 / 2013

Transaction ID : C2297487

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

720.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Hogeland CAE

Mailing Address Exec Vice Pres CA AFP
1520 Pacific Ave

City State Zip Code
San Francisco CA 94109-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Academy of Family Physician

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2320345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Beulette Y Hooks MD

Mailing Address 7286 E Wynfield Loop

City State Zip Code
Midland GA 31820-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317849

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Richard R Horecka MD

Mailing Address 1805 Wisconsin Ave

City State Zip Code
Benson MN 56215-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317846

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elvin C Irvin MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

04 / 08 / 2013

Transaction ID : C2343281

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

B. John R Jacobsen MD

Mailing Address 1323 H St

Filmore County Medical Center

City

Geneva

State

NE

Zip Code

68361-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Filmore County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 30 / 2013

Transaction ID : C2322383

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Rebecca Jaffe Md Mph Jaffe MD

Mailing Address 3105 Limestone Rd

Ste 300

City

Wilmington

State

DE

Zip Code

19808-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rebecca Jaffe and Asso, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 29 / 2013

Transaction ID : C2317845

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1456.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla Lee Kakutani MD

Mailing Address 438 Abbey St

City

Winters

State

CA

Zip Code

95694-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Medical Group

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 08 / 2013

Transaction ID : C2300137

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Phillip S Kennedy MD

Mailing Address 3614 J Dewey Gray Cir
Ste D

City

Augusta

State

GA

Zip Code

30909-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Primary Care and Family Pra

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2013

Transaction ID : C2316725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Harry Clifton Knight MD

Mailing Address 10310 Middlebrook Ct

City

Mc Cordsville

State

IN

Zip Code

46055-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Health Network

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2013

Transaction ID : C2315391

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly T Krohn MD

Mailing Address 2501 Brookside Dr

City State Zip Code
Minot ND 58701-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UND

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : C2317681

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Bruce M LeClair MD

Mailing Address 5088 Windmill Lake Dr

City State Zip Code
Evans GA 30809-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicl College of Georgia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317843

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : C2296412

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2317834

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : C2316755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Family Medicine Residency

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.73

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : C2298241

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

440.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Delbert D Morris MD

Mailing Address PO Box 3271

City State Zip Code
 Modesto CA 95353-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scenic Family Medical Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2013

Transaction ID : C2321138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carrie E Nelson MD

Mailing Address 520 W Indiana St

City State Zip Code
 Wheaton IL 60187-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advocate Health Care

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : C2300873

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
 Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF ILLINOIS COLLEGE OF MED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 10 / 2013

Transaction ID : C2301022

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

990.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roanne Michele Osborne-Gaskin MD

Mailing Address 13 Fox Ridge Cres

City

Warwick

State

RI

Zip Code

02886-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neighborhood Health Plan of RI

Occupation

Associate Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : C2316754

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Angelo N Patsalis MD

Mailing Address 36237 6 Mile Rd

City

Livonia

State

MI

Zip Code

48152-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Senior Staff Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : C2322158

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Karla Graue Pratt

Mailing Address 1239 120th Ave NE

Executive Vice Pres - WA AFP

City

Bellevue

State

WA

Zip Code

98005-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Academy of Family Physician

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2013

Transaction ID : C2315379

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1235.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bernard Richard MD

Mailing Address 1926 Declaration Dr

City State Zip Code
 Greenfield IN 46140-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Community Physicians Network

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2013

Transaction ID : C2320169

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City State Zip Code
 Dayton OH 45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wright State University BSM

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 10 / 2013

Transaction ID : C2301021

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City State Zip Code
 Hilliard OH 43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Health

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : C2322159

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1222.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Larson Sawin MD

Mailing Address 636 Fulton St

City

Medford

State

MA

Zip Code

02155-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : C2296353

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lisa Gail Soldat MD

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadlawn Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C2320096

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Glen R Stream MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2013

Transaction ID : C2314964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A Taylor Jr

Mailing Address PO BOX 609

City

Livingston

State

LA

Zip Code

70754-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRGP-Livingston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 08 / 2013

Transaction ID : C2298939

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lloyd P Van Winkle MD

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

04 / 10 / 2013

Transaction ID : C2300612

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

C. Duane W Wages MD

Mailing Address 1194 Maxfli Dr

City

Akron

State

OH

Zip Code

44312-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Physicians, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 03 / 2013

Transaction ID : C2296409

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

771.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : C2298062

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. W Michael Michael Woods MD

Mailing Address 393270 W 2900 Rd

City

Ochelata

State

OK

Zip Code

74051-9703

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2013

Transaction ID : C2305576

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

24302.12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D144971

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

14.77

State: District:

B. American Express

Date of Disbursement

Mailing Address PO Box 53852

04 / 12 / 2013

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D145476

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

84.22

State: District:

C. American Express

Date of Disbursement

Mailing Address PO Box 53852

04 / 15 / 2013

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D145477

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name _____

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

19.17

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

118.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 23 2013

Transaction ID : D145478

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2013

Transaction ID : D145479

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2013

Transaction ID : D145480

Amount of Each Disbursement this Period

1.37

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.48

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

26.54

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

7.95

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

244.32

Grade	Number of Students
1st	100
2nd	120
3rd	150
4th	180
5th	200
6th	278.81

413.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2013

Transaction ID : D145135

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	26	/	2013

Transaction ID : D145358

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2013

Transaction ID : D145153

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESSMailing Address 20 F St NW
Ste 500

City Washington State DC Zip Code 20001-6703

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Dave Camp

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2013

Transaction ID : D145357

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2013

Transaction ID : D145138

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jared Huffman

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2013

Transaction ID : D145137

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN	State CT	Zip Code 06511
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Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Rosa DeLauro

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CT	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2013

Transaction ID : D145129

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tim Murphy

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 18

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2013

Transaction ID : D145126

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles	State CA	Zip Code 90026
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Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Xavier Becerra

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 31

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2013

Transaction ID : D145128

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2014 INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : D145127

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Lamar Alexander

Category/
Type

1500.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

45000.00